

Consumer Satisfaction Questionnaire
Parent-report

Date _____

Patient's Name _____

Person Completing Form _____

Relationship to Patient _____

Therapist's Name _____

The following questionnaire is part of our evaluation of the treatment program that you have received. It is important that you answer as honestly as possible. The information obtained will help us to evaluate and continually improve the program we offer. Your cooperation is greatly appreciated. **Please complete this form for every therapist you have worked with at BPA.**

I would like this information to be private and confidential _____

I am comfortable having you share this information with the above mentioned therapist _____

A. The Overall Program

Please circle the response that best expresses how you honestly feel.

1. The major behavioral health issue(s) that originally prompted me to begin treatment is (are) at this point

considerably worse worse slightly worse the same slightly
improved improved greatly improved

2. My child's behavioral health issues that **have** been treated at BPA are at this point

considerably worse worse slightly worse the same slightly improved improved greatly improved

3. My child's behavioral health issues that **have not** been treated at BPA are

considerably worse worse slightly worse the same slightly improved improved greatly improved

4. My feelings at this point about my child's progress are that I am

very dissatisfied dissatisfied slightly dissatisfied neutral slightly satisfied satisfied very satisfied

5. To what degree has treatment helped with other general personal or family problems not directly related to your child?

hindered more than helped hindered hindered slightly neither helped nor hindered helped slightly helped

helped very much

6. At this point, my expectation for a satisfactory outcome in treatment is

very pessimistic pessimistic slightly pessimistic neutral slightly optimistic optimistic very optimistic

7. I feel the overall approach to treating my child's behavioral health is

very inappropriate inappropriate slightly inappropriate neutral slightly
appropriate appropriate very appropriate

8. Would you recommend BPA to a friend or relative?

strongly not recommend not recommend slightly not recommend
neutral slightly recommend recommend

strongly recommend

9. How confident are you in managing *current* behavioral health challenges
on your own?

very unconfident unconfident somewhat unconfident neutral
somewhat confident confident very confident

10. How confident are you in your ability to manage future behavioral
health challenges using what you learned at BPA?

very unconfident unconfident somewhat unconfident neutral
somewhat confident confident very confident

11. My overall feeling about the treatment program for my child and family
is

very negative negative somewhat negative neutral slightly
positive positive very positive

B. Therapist(s)

In this section we'd like to get your ideas about your therapist. Please circle the response to each question that best expresses how you feel.

1. The therapist's preparation was

poor fair slightly below average average slightly above
average high superior

2. Concerning the therapist's interest and concern in my child, I was

extremely dissatisfied dissatisfied slightly dissatisfied neutral
slightly satisfied extremely satisfied

3. At this point, I feel that the therapist at BPA was

extremely not helpful not helpful slightly not helpful neutral
slightly helpful helpful extremely helpful

4. Concerning my personal feelings toward the therapist

I dislike him/her very much I dislike him/her I dislike him/her
slightly neutral feelings toward him/her

I like him/her slightly I like him/her I like him/her very much

C. Your Opinion Please

1. What part of working with a therapist at BPA was most helpful to you?

2. What did you like the most about your experience at BPA?

3. What did you like the least about your experience at BPA?

4. What part of the program was least helpful to you?

5. How could the program have been improved to help you more?

Thank you. Please either drop this off or send this form to: Ronald S. Dachman, Ph.D., Behavioral Psychology Associates, P.C., 1920 Thoreau Drive North, Suite 151, Schaumburg, IL 60173